

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19858

STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 96

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Nevada TOWN | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Milo 1080 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hosp | | | | Length of stay in lb 6 Wks. | | d. STREET ADDRESS (If outside, give location) South 1/4 Ml. | |
| 3. NAME OF DECEASED (Type or print) First Murray Middle E. Last Willingham | | | | 4. DATE OF DEATH Month May Day 26 Year 1957 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 19 July 1980 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (City and state or country) Niagara, Ky. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME James M. Willingham | | | | 14. MOTHER'S MAIDEN NAME Cornelia Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT Address Mrs. W. H. Williams, Milo, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Posterior Upper Lesser Curvature of the stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 151X | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 151X | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ | | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | 20f. CITY, TOWN, OR LOCATION Nevada, Mo. | | | |
| 21. I attended the deceased from July, 1948 to May 26, 1957 and last saw her alive on May 26, 1957 Death occurred at Nevada, Mo. 7:33 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | | 22b. ADDRESS Moore Bldg., Nevada, Mo. | | 22c. DATE SIGNED 5-27-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 23 May 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Pk. | | 23d. LOCATION (City, town, or county) (State) Nevada, Missouri. | |
| 24. FUNERAL DIRECTOR ADDRESS Shorten Funeral Home, Nevada, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 5-30-1957 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

RECEIVED

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed

Lloyd C. McCall

Licensed Embalmer No. 485

P. O. Address *Florida*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.